

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 4290

(In the space above enter the full name(s) of the plaintiff(s).)

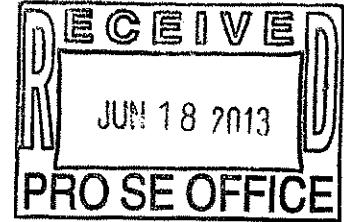
RAY GOLDSTEIN SEVERINO
-against-

COMPLAINT

ASA INSTITUTE OF BUSINESS
& COMPUTER TECHNOLOGY
at all

Jury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name RAY GOLDSTEIN SEVERINO
Street Address 3333 BROADWAY AVE, APT.#D26
County, City NEW YORK, NEW YORK
State & Zip Code NEW YORK 10031
Telephone Number (212) 658-0722 (646) 203-3992

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name ASA INSTITUTE OF BUSINESS
Street Address 151 LAWRENCE STREET
BROOKLYN, N.Y. 11201

County, City BROOKLYN, NEW YORK
State & Zip Code NEW YORK 11201
Telephone Number (718) 522-9073

Defendant No. 2

Name ALEX Shchegol, president/
Street Address SAME ABOVE
County, City _____
State & Zip Code _____
Telephone Number _____

Defendant No. 3

Name VICTORIA Kostyukova, vice pr
Street Address SAME ABOVE
County, City _____
State & Zip Code _____
Telephone Number _____

Defendant No. 4

Name Fahima Mukminova, admis
Street Address SAME ABOVE
County, City _____
State & Zip Code _____
Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions

Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? I AM CLAIMING VIOLATION OF

MY FEDERAL CONSTITUTIONAL RIGHTS
ON AGE AND RACE DISCRIMINATION
SEE ATTACHED

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship U.S.A.

Defendant(s) state(s) of citizenship RUSSIA

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? BRONX CAMPUS
AND AT THE SCHOOL MANHATTAN CAMPUS

B. What date and approximate time did the events giving rise to your claim(s) occur? ON
MAY 27, 2008, AND JUNE 17, 2011
and JUNE 20-21, 2011.

C. Facts: I REFUSED TO MARRIED
THE GIRLFRIEND OF THE SCHOOL
PRESIDENT SO SHE COULD HAVE
LEGAL PAPERS FROM IMMIGRATION. IN
RETURN I WAS FIRED.
THE SCHOOL OWNER - THE DIRECTOR
OF ADMISSION MS. MUMINOVA
STARTED MISSTREATING ME (SEE ATTACH

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

MR. DWAYNE CARTER, ONE
OF THE SCHOOL MANAGER WAS
RESPONSIBLE ALSO FOR MISSTREATING
ME AND FOR STEALING MY STUDEN
WITH THE HELP OF OTHERS WORKER
MR. ROBERT, FROM HUMAN RESOURCE
AND MS. VOLANDE, ONE OF THE
SCHOOL DIRECTORS. (SEE ATTACHED)

IV. Injuries:

N/A

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I JUST
SUFFERED EMOTIONAL PROBLEM FOR
ITS AGGRAVATION.

SO PLEASE, I need AN
ATTORNEY.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I WANT TO SUE
FOR US\$100 MILLIONS FOR ITS
VIOLATIONS.

THE BASIS FOR SUCH COMPEN-
SATION IS I PROVIDED TO THE
SCHOOL THOUSANDS OF STUDENTS.
AND BECAUSE MY EXCELLENT AND
HARD WORKING JOB KNOW THE
OWNER IS A VERY RICH PERSON
WITH BILLIONS OF DOLLARS IN
PROPERTY. THIS HAPPENED THANKS
TO my JOB. THE SCHOOL WAS
EMPTY WHEN I STARTED WORKING.
I PROVIDED THOUSANDS OF STUDENTS.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of JUNE, 2013

Signature of Plaintiff

Mailing Address


3333 BROADWAY #D26
NEW YORK, N.Y. 10031

Telephone Number (212) 658-0722

Fax-Number (if you have one) (646) 203-3992

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

NIA
I declare under penalty of perjury that on this _____ day of _____, 20_____, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number: _____

6/13/2013

RAY GOLDSTEIN SEVERINO AGAINST ASA INSTITUTE, FEDERAL COMPLAINT CONT...

I NEED HELP IN THE FILLING OF MY CASE. I AM REQUESTING HELP FROM THIS COURT SO I CAN HAVE LEGAL REPRESENTATION TO BETTER PRESENTING MY CASE AND EVIDENCES AND WITNESSES TO A GRAND JURY. THEY ARE A LOTS OF ISSUES THAT I WANT THE COURT TO INVESTIGATE: HOW THEY VIOLATED MY FEDERAL CIVIL CONSTITUTIONAL RIGHTS. AND HOW THEY ARE TAMPERING AND STEALING AND MISHANDLING THE FINANCIAL AID OF THE STUDENTS AND HOW THEY ARE CHEATING AGAINST THE U.S. DEPARTMENT OF EDUCATION AND ITS FEDERAL FINANCIAL AIDS PROGRAMS TO THE STUDENTS BY SUBMITTING FALSE DOCUMENTS AND INFORMATION. I WORKED ALMOST 5 YEARS FOR ASA INSTITUTE, AND DURING THAT TIME, I PROVIDED MORE STUDENTS TO THE SCHOOL THAN WHAT THEY HAVE ALL TOGETHER IN THEY SCHOOL HISTORY.

I WAS THE VICTIM OF BULLYING, SEX HARASSMENT, I WAS DENIED SALARY AND PROMOTIONS AFTER I COMPLAINED THAT OTHERS WORKERS WAS RECEIVING CREDITS FOR MY HARD WORKING PROMOTIONAL JOB.

THEY LAYED ME OFF ON JUNE 20, 2011, AFTER I REFUSED TO GET MARRIED WITH ONE OF THE FEW MANY GIRLSFRIEND OF THE SCHOOL OWNER AND PRESIDENT, MR. ALEX SCHEGOL WHO ASKED ME TO MARRIED HIS GIRLSFRIEND SO SHE COULD RECEIVE INMIGRATION PAPERS TO STAY IN THE U.S.(I HAVE A WITNESS)

THEY COPIED AND STOLED MY PROMOTIONAL WORKING PLAN: THIS IS THE ONE I USED TO PROVIDE THOUSANDS OF STUDENTS TO THE SCHOOL, WHERE I WAS WORKING WITH THE POSITION OF FIELD REP. OR RECRUITER.

I PROVIDED STUDENTS TO ASA INSTITUTE FROM ALL AROUND THE NEW YORK CITY AREA BY MAKING PERSONAL VISIT INTO ITS BUILDINGS(PRIVATES AND PUBLICS).(I HAVE EVIDENCES)

YOUR HONOR, PLEASE, I NEED AN ATTORNEY TO BETTER PRESENT MY CASE AND HELP ME WITH ANY NECESSARY AMENDMENTS RELATED TO THIS CASE. I WANT TO SUE FOR **100 MILLIONS DOLLARS.**

CORDIALLY,


RAY GOLDSTEIN SEVERINO
PETITIONER

RAY GOLDSTEIN SEVERINO

AGAINST

ASA INSTITUTE OF BUSINESS & COMPUTER TECHNOLOGY

June 18, 2013

Dear Honorable Federal Judge:

I want to inform you that I am suing also for: AGE and RACE discrimination against the school that employed me for almost 5 years. During my last 3 months working at the school, I saw that they started hiring young peoples only. The school owner and president Mr. Alex Shchegol fired me after I refused to married for immigration papers purposes his "illegal" Russian girlfriend. After I rejected the married plan, the same woman started making false report about me and she started giving the credits for my hard working job to other field reps or recruiters.

When I started working for the school in June 13, 2007, every class room was almost empty. I started working and immediately I provided the school with students from all around the New York City areas and from its NYCHA publics buildings.(attached is the list that I used to perform my job as a recruiter.

I was working without the necessary license just like the others recruiter. I asked for the license and the school president told me that he was well connected with the government inspectors of the Department of Education and that they was no need for license.

I provided to the ASA Institute thousands of students from privates and publics buildings, and from all the Public library of the NYC where I worked for the school. Also I worked in subways stations, community organizations and others businesses, making promotion for the school.

Like I have said, I need an Attorney who can help me to present my case and every issues that may be important and related to my cases: like other violations, etc.

At this present time I am receiving public assistance. In return for receiving public assistance I am working at the NYC Department of Sanitation as a Laborer as part of the Working Experience Program(WEP).

Finally, I would like to thank you in advanced, for taking time in reviewing this matter.



Ray Goldstein Severino, Plaintiff

(Formerly known as Ramon Antonio Severino)

~~Frontend + LSTM~~ my ~~new~~ *

Earnings Statement			
6RZ	FILE DEPT. CLOCK NUMBER 030	003752 002700 585	0064012645 1
ASA INSTITUTE OF BUSINESS & COMPUTER TECHNOLOGY	151 LAWRENCE ST	BROOKLYN, NY 11201	PH HUMBER 718-522-9073
Period Beginning:	Pay Date:	07/03/2011	07/08/2011
Taxable Marital Status: Married			
Exemptions/Allowances:			
#D2G			
#333 BROADWAY			
RAMON SEVERINO			
NEW YORK, NY 10031			
Social Security Number: XXX-XX-XXXX			
Earnings			
Regular	rate	hours	this period
13.0000	7.95	103.35	Gross Pay
7,478.12	7,478.12	7,478.12	Year to date
Deductions			
Social Security Tax	-4.34	314.08	Medicare Tax
NY SUI/SDI Tax	-1.50	108.43	Federal Income Tax
NY State Income Tax	-0.52	114.92	New York City Income Tax
111.17	129.58	111.17	NY State Income Tax
87.33	129.58	87.33	Other
450.06	450.06	450.06	Wage agr
548.76	548.76	548.76	Fdby
Net Pay			
\$62.37			

Undeliverable Mail Only:



P.O. Box 1954
Southgate, MI 48195-0954

Allied Interstate

Toll Free: (800) 715-0395 Fax: 866-499-2462

CCD/P60334796/ED33S

002612347027 0000034/0001

Ramon A Severino
3333 Broadway Apt D2G
New York, NY 10031-8746

Client: U.S. DEPARTMENT OF EDUCATION
Account #: 2312425
Packet Number: P60334796
Total Due: \$77494.02
Check Amount: \$5.00
Intended Deposit Date: 03-15-2013

Date:

March 05, 2013

Re: Notice of check/draft deposit

Dear Ramon A Severino:

This is to notify you that pursuant to your authorization on 03-04-2013, Allied Interstate LLC will process your credit/debit card payment in the amount of \$5.00 on 03-15-2013. If you have any questions/concerns, please contact Allied Interstate LLC at (800) 715-0395 between the hours of 8 AM and 11 PM EST Monday thru Friday.

We want to thank you for working with us in an effort to help you resolve your indebtedness to our client. We are a debt collector attempting to collect a debt and any information obtained will be used for that purpose.

Nicole Cummins
(800) 715-0395
Allied Interstate LLC
Government Services Division

Correspondence Address:
Allied Interstate LLC
P.O. Box 26190
Minneapolis, MN 55426

** new balance ~~78,837.5~~ 06/18/*

211 Mc Whorter Drive
Athens, Georgia 30606
July 26, 2005

Dear Mayor Bloomberg;

As a visitor to New York, I want to tell you about the wonderful citizens of your city and of three remarkable police officers in the 26th Precinct. After a week in an inspiring workshop for teachers at Columbia, I took my luggage in a cab to the last day's session. After the cab left and I entered the building, I realized that I did not have my purse with \$300, two credit cards, my driver's license and my cell phone in it. The people leading the workshop, native New Yorkers, assured me that it would be returned, but of course I did not believe them! They helped me report the loss to the taxi service and the police.

I felt so helpless using a borrowed cell phone and not knowing how to get identification papers in time to be on my 2PM flight from LaGuardia to Atlanta. About one hour after I reported the loss, the borrowed cell phone rang --- it was my daughter in Georgia. My eight year old granddaughter had answered the phone, saw a caller ID from New York City and said, "Hi, Nana!". The voice said, "I am not your Nana, but we are looking for her!" They gave her the cell phone number and she called, telling me to call the police station. When I dialed the number an exuberant voice said, "Caroline, at last we have found you!" It was Officer Fuoco from the 26th precinct who asked me to take a taxi to the precinct. Upon my arrival, my colleague and I were waved to the back by two female officers and a male who were as excited to see me as I was to see my belongings! Every penny and piece of paper in my bag was on the counter. They had already tried to stop my credit cards and trace numbers on my cell phone to find me (hence the call to my daughter). I floated out of the station saying, "I love New York!" as excited by the friendliness and work of the police as by having my belongings back.

You should also know that a young man, Ramon Severino, who was giving out flyers at the subway entrance at 110th and Broadway, found my pocketbook intact and turned it in. I traced him through a flyer I found and he refused a reward saying that he was concerned that I was without money, cell phone or identification and that he had simply done what was the right thing to do!

Oh, my! You are so lucky to live with such people in New York! You may rest assured that I have told this story to at least twenty people since my return, and I intend to continue spreading the word.

Caroline Ridlehuber
211 McWhorter Drive
Athens, Georgia

From : ashchegol@asa.edu [+]
To : "Anna Boukhman" <aboukhman@asa.edu> [+], "Faina Mukrinova" <fmukminova@asa.edu> [+], "Jonathan Oliva" <joliva@asa.edu> [+], "Duwayne Carthan" <dcarthan@asa.edu> [+], "Viktoria Kostyukov" <vkostyukov@asa.edu> [+], "Natalya Tymkiv" <ntymkiv@asa.edu> [+], "Alice Perez" <aperez@asa.edu> [+]
Subject : [Spam] Re: tracking interviewed by Bronx Satellite Office

Start to use it right away - we need to measure productivity of Satellite Office ASAP. In addition, same procedure should be installed at Flatbush satellite Office. Talk to Duwayne to designate proper people. Targets for field reps at satellite Admition Offices should be a little high than at main locations. They should be min 3 interview given (IG) per hour. 7 high school leads could replace 1 IG. At main locations targets should be min 2 IG per hour and the same 7 high school leads per hour can replace 1 IG. Field reps productivity should be measured twice a day - at 1p.m. And 5p.m. In case, if performance is not satisfactory, field rep should go home. 3 "go homes" should result in dismissal of an employee.

Sent from my Verizon Wireless BlackBerry

From: "Anna Boukhman" <aboukhman@asa.edu>
Date: Tue, 5 Aug 2008 17:25:58 -0400
To: <fmukminova@asa.edu>; 'Jonathan Oliva' <joliva@asa.edu>
CC: <ashchegol@asa.edu>
Subject: tracking interviewed by Bronx Satellite Office

My dear colleagues:

In order for us to be able to track all the interviews conducted in the Bronx sateilite office, the following procedure was set up:

The new activity was set up in the CampusVue: AM – Interview by Satellite Office. Christian Cano and Elena Markov were both added to the list CampusVue Staff members as Satellite Office Coordinators.

The procedure (if accepted) will be working as following:

1. The Satellite Office employee submits to the Manhattan location a separate form for every applicant they see. It is recommended that the indication is made on the form specifying which coordinator (Christian or Elena) conducted the interview. At the same time, the form should indicate the source for the lead, i.e. the Field-Worker who brought the person into the office.
2. The Manhattan Data-Entry specialist enters the leads to the CampusVue specifying:
 - Jonathan Oliva as an Admission Rep,
 - the indicated Field-Worker as a Lead Source.
 - As long as the lead was interviewed in the Bronx office, the Interview Activity should be added for the student. (Till now, your data-entry ladies have been entering the 'Initial Interview' activity assigned to Jonathan Oliva adding the comment of the interview being conducted in the Bronx office.) The new settings allow data-entry to setup the activity 'Interview by Satellite Office', and assign this activity to Elena or Christian. In this case: (1) no additional comments are needed, (2) the activity reports can be run for Satellite Interviews.

Following the information I received from Faina, I found 28 student records who have had the activity comment regarding Bronx Office. I modified all these 28 records changing the activity itself from 'Initial Interview' to 'Interview by Satellite Office' and assigning them to Christian Cano. Jonathan Oliva still appears as an admission rep for these people.

ASA Institute 401(k) Plan

Prepared for SEVERINO, RAMON using Social Security Number 085-66-4073

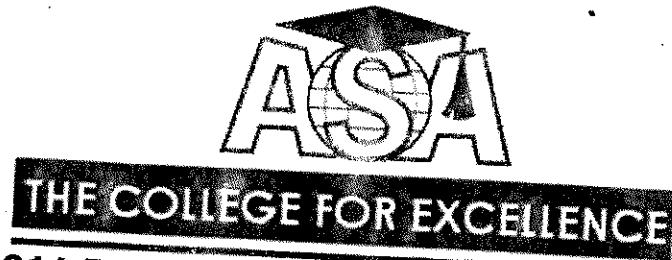
<u>BEGINNING BALANCE</u>	<u>CONT / FORF ALLOCATION</u>	<u>FORFEITURE CHARGED</u>	<u>BENEFIT PAYMENT</u>	<u>INVESTMENT INCOME</u>	<u>SPECIAL ADJUSTMENT</u>	<u>ENDING BALANCE</u>	<u>VESTED %</u>	<u>VESTED BALANCE</u>
Employee Salary Deferrals								
0.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	0.00
Employer Matching								
0.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	0.00
Employee Rollover								
0.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	0.00
TOTAL ACCOUNT BALANCE								
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00

Estimated Sum at Retirement
\$ 0.00

Please note that the "Estimated Sum at Retirement" is a conservative projection of your account, forward to the date on which you are expected to retire. Our Plan is **not** the form of plan that promises you a specific value on your retirement date. At that time, you will receive the actual value of your account. This projection is provided simply to allow you a reasonable estimate of what that value could be. **No future value is promised.**

This Statement of Your Benefit Account under our Plan is provided to you as a Participant to overview your benefit under the Plan for the period specified. This statement reflects your benefit account given a comprehensive audit of the Plan and Trust by an independent "TPA". It does, in fact, represent the value of your account; including all adjustments needed, such as additional contributions that may be owed to the plan on the last day of this period. When reviewing this statement, keep in mind that it provides a "snapshot" of your account on December 31, 2011. Transactions occurring after this date will NOT be reflected on this statement. However, as stated above, it does reflect adjustments that must be applied to your account as determined by the audit of the Plan. Questions may be submitted in writing to the office of Robert Faynblut.

January 1, 2011 TO December 31, 2011
RECONCILED PLAN BENEFIT STATEMENT



2011 Benefits Confirmation Statement

Name: Ramon Severino
Address: 3333 Broadway, #d2g
 New York, NY 10031

December 1, 2010

This statement confirms your recent benefit enrollment elections. Please keep a copy of this statement for your records and use it to verify entries on your paycheck stub. These benefit elections will remain in effect until 11/30/2011. If an error has been made in recording your dependent information, please contact the ASA Institute Benefits Service Center at 866-247-1455 no later than 10 days from the date of this statement. If you have no changes, please retain this for your records.

Benefit	Plan Name	Election	Effective Date	Cost Per Deduction
PsychCare EAP	PsychCare EAP	Enrolled	08/01/2010	\$0.00
Dollar Amount Spent Per Deduction				\$0.00



INCIDENT INFORMATION SLIP
PD 301-164 (Rev. 1-97)

Welcome to	<u>84 1/2 301 Gold St. Brooklyn, N.Y.</u>	Date: <u>05/27/11</u>
(Command)	(Address)	(Telephone No.)
We hope that your business with us was handled satisfactorily. Your particular matter has been assigned the following number		
Complaint Report No.:	<u>2907</u>	Accident Report No.:
Reported to:	<u>Sgt. A. J. Pugliese</u>	Arrest Report No.:
(Rank)	(Name)	(Shield No.)
Location of Occurrence:	<u>81 Milwaukee St.</u>	
Crime:	<u>Harassment</u>	

Please keep this report should you have to refer to this matter in the future. If you need any further assistance feel free to contact us at telephone number 718-875-6231. Please let us know if you have any suggestions on how we can better serve you. As you may already know, we will provide you with a crime prevention survey of your residence or business. We ask for more information on this and other crime prevention initiatives. Our goal is to make you and your property safe.

COURTESY — PROFESSIONALISM — RESPECT

REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!

Safe, accurate,  Visit the IRS Web Site FAST! Use www.irs.gov/efile			
Employee Reference Copy W-2 Wage and Tax Statement 2011			
OMB NO. 1545-0008			
Copy C for employee's records.			
d Control number 003752 ATLA/6RZ 002700	Dept.	Corp.	Employer use only T 1557
c Employer's name, address, and ZIP code ASA INSTITUTE OF BUSINESS 81 WILLOUGHBY STREET BROOKLYN NY 11201-5291			
Batch #02207			
e/f Employee's name, address, and ZIP code RAMON SEVERINO 3333 BROADWAY #D2G NEW YORK, NY 10031			
Employer's FED ID number 11-3232206			
1 Wages, tips, other comp. 7478.12			
2 Social security wages 7478.12			
3 Medicare wages and tips 7478.12			
4 Social security tips 108.43			
5 Allocated tips 108.43			
6 Dependent care benefits 10			
7 Nonqualified plans 12a			
8 Other 14.92 SDI			
9 State employer's state ID no. NY 11-3232206			
10 State income tax 129.58			
11 Local income tax 87.33			
12a See instructions for box 12 7478.12			
12b 7478.12			
12c 7478.12			
12d 7478.12			
13 Stat emp. / Net. plan / 3rd party sick pay 7478.12			
14 Local wages, tips, etc. 7478.12			
15 State wages, tips, etc. 7478.12			
16 Local wages, tips, etc. 7478.12			
17 Social Security Tax Withheld Box 4 of W-2 314.08			
18 Medicare Tax Withheld Box 6 of W-2 108.43			
19 NY. State Income Tax Box 17 of W-2 129.58			
20 Local Income Tax Box 19 of W-2 87.33			
21 SUI/SDI Box 14 of W-2 14.92			

2011 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2011 pay stub plus any adjustments submitted by your employer.

Gross Pay	7478.12	Social Security Tax Withheld Box 4 of W-2	314.08	NY. State Income Tax Box 17 of W-2	129.58
Fed. Income Tax Withheld Box 2 of W-2	111.17	Medicare Tax Withheld Box 6 of W-2	108.43	Local Income Tax Box 19 of W-2	87.33
				SUI/SDI Box 14 of W-2	14.92

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, NYC RES Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	7,478.12	7,478.12	7,478.12	7,478.12	7,478.12
Reported W-2 Wages	7,478.12	7,478.12	7,478.12	7,478.12	7,478.12

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll department.

RAMON SEVERINO
3333 BROADWAY
#D2G
NEW YORK, NY 10031

Social Security Number: 085-66-4073
Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 2
STATE: 2
LOCAL: 2

© 2011 ADP, INC.

Fold and Detach Here



VERIFICATION OF CRIME/

Case 1:13-cv-04290-RA Document 2 Filed 06/18/13 Page 15 of 15

LOST PROPERTY

PD 542-061 (Rev. 09-06)

Document 2 Filed 06/18/13 Page 15 of 15

Do Not Detach — Submit In Duplicate

Complainant/Victims will be sent verification free of charge, other applicants must send a **non-refundable** processing fee of \$15.00 (Check or Money Order — **NO CASH**) payable to the NYC Police Department with each application. All applicants must enclose a stamped self-addressed envelope. Please mail requests to: New York City Police Department, Criminal Records Section (Verification Unit), 1 Police Plaza, Room 300, New York, NY 10038.

Complaint Number 2907	Precinct of Report 84 PCT	FOR USE BY CRIMINAL RECORDS SECTION
Mail Record To: RAMON A. SEVERINO (Print or Type) 3333 BROADWAY # D-2-6 NEW YORK, N.Y. 10031		Applicant's File No. 123456789

1. Exact location where crime / loss took place
81 Willoughby St., Brooklyn, N.Y. 10031

Date reported to Police 05/27/08	Time (if known) 11:00 A.M.	This report concerns: <input checked="" type="checkbox"/> Crime <input type="checkbox"/> Other (describe) HATE CRIME <input type="checkbox"/> Lost Property SEX CRIME
--	--------------------------------------	---

3. Full name and address of complainant/victim as reported to Police Department
RAMON A. SEVERINO / N.Y. N.Y. 10031

Date and Time of Crime / Loss of Property (if different than date of report) 05-27-08	DATE 05-27-08	TIME 11:00 AM	Name of officer who received your report, if known PAAM PUGLIOSE
---	-------------------------	-------------------------	--

Any additional information which may aid in searching for your record
I CALL 911 SEVERAL TIME AT 11:00 AM

* INSTRUCTIONS: In order to find this record you **MUST** furnish all information requested above, particularly the complaint number and precinct of record (Occurrence). Verification of your request cannot be made without this information. The complaint number may be obtained by calling the precinct or detective squad concerned during the hours of 9 a.m. to 5 p.m. **Do Not Detach — Submit In Duplicate.**

Applicant's Signature Alvarez	Date 05-27-08	Name and address of insurance company W/14	Date
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FOR POLICE DEPARTMENT USE ONLY

FOLLOWING IS A VERIFICATION OF THE ABOVE REQUEST

MOTOR VEHICLES

CURRENCY

JEWELRY

FURS - CLOTHING

FIREARMS

OFFICE EQUIPMENT

T.V., RADIOS, CAMERAS, ETC.

HOUSEHOLD GOODS

CONSUMABLE GOODS

MISCELLANEOUS

BRIEFLY DESCRIBE MANNER OF CRIME / LOSS OF PROPERTY

Harassment - college
Complainant (employee of the college) states that subject (student administrator) has been harassing Complainant by stating, "You open the mouth, I kill you. Let me beat you, you like to complain."

Alarm No.

Report verified by (print title, name/sign)

Alvarez

Date

6/4/08